



1,12w 1644
Atty. Dkt. No. 053466-0296

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tadimitsu KISHIMOTO et al.
Title: CHRONIC RHEUMATOID ARTHRITIS
THERAPY CONTAINING IL-6 ANTAGONIST
AS EFFECTIVE COMPONENT
Appl. No.: 09/756,125
Filing Date: 1/9/2001
Examiner: Gerald R. EWOLDT
Art Unit: 1644
Confirmation Number: 6506

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

~~07/15/2010 AMENDMENT 00000054 09756125~~
~~01 FC:1253 1110.00 OP~~

[] Assertion of Small Entity status is enclosed.

07/15/2010 AMONDAF1 00000054 09756125
01 FC:1253 1110.00 OP

[X] The fee required for additional claims is calculated below:

Claims		Extra		Additional	
As	Previously	Claims			
Amended	Paid For	Present	Rate		Claims Fee
Total Claims: 3	- 20	= 0	x \$52.00	=	\$0.00

Independent Claims:	2	-	3	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$390.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$0.00

☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$130.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$490.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,110.00	\$1,110.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:			\$1,110.00
<input checked="" type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$140.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$1,250.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:			\$0.00
TOTAL FEE:			\$1,250.00

A credit card payment form in the amount of \$1,250.00 is enclosed.


The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, Applicants hereby petition for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 14, 2010

By 

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Customer Number: 22428
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Stephen B. Maebius
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